

COMMON DERMATOSES—SOME UNUSUAL MANIFESTATIONS*

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THE purpose of this paper is to record and present some of the less common conditions which occasionally occur in conjunction with the more common skin diseases.

VERRUCA VULGARIS A FREQUENTLY SEEN DERMATOLOGICAL CONDITION

Verruca vulgaris is one of the most common dermatological conditions, particularly in children of school age. Involvement of the mucous membranes by the virus causing common warts is distinctly uncommon. We have seen one such case recently where the entire mucous membranes of the lips and even the gums were involved. There were a tremendous number of pea-sized and smaller papillomatous lesions present (Fig. 1). The infection in these cases is probably transferred from hands to mouth, as they are usually seen in children who have warts on the hands or about the finger nails, and who are in the habit of biting their nails. In this connection it is interesting to speculate concerning the origin of laryngeal papillomas. We know from experimental work that the virus producing papillomas of the larynx is very similar to if not identical with that causing the common wart. As far as we know, no common wart has ever taken on malignant characteristics, and yet papillomas of the larynx are definitely a precancerous condition.

PITYRIASIS ROSEA

We are all acquainted with the cutaneous manifestations of pityriasis rosea. It is rather uncommon, however, for this condition to involve the face to any marked degree. Such an instance of facial involvement is well shown in Figure 2. Very rarely, the mother spot may appear on the shaft of the penis. Gigantic herald spots have been reported. Hemorrhagic forms of pityriasis rosea occasionally occur.

PHYTID ERUPTIONS OF THE HAND

The so-called "phytid" eruptions of the hands as a complication or accompaniment of fungus infections of the feet, are familiar to us all. Lichenoid trichophytid eruptions of the trunk occur in connection with ringworm of the scalp, particularly infections of a kerionic nature, or after epilation of the scalp hair by x-ray.

FUNGUS INFECTIONS OF THE FEET

Certain cases of fungus infection of the feet are accompanied by pityriasisform eruptions of the

trunk. At times, these eruptions are indistinguishable from pityriasis rosea, and the differentiation can only be made after a period of observation. We might mention also a case where the external ear was the seat of an actual infection with the epidermophyton fungus, the organism being isolated from the scales.

RINGWORM OF THE SCALP

Ringworm of the scalp is, for all practical purposes, limited to children under the age of puberty. In the past few years, however, we have seen three cases of ringworm of the scalp in adults. In each of these cases the diagnosis was confirmed microscopically by the finding of spores in the infected hairs. In one of the cases the nails of the fingers were also involved, and the infection on the scalp had given rise to an atrophic scarring alopecia. No determination of the pathogenic fungus was made, although cultures were sent to two competent mycologists. The organism was definitely not that of favus.

TINEA VERSICOLOR

Tinea versicolor is a relatively common skin condition which we ordinarily pass by without comment. However, when the lesions are found on the face, as in a case recently seen, they are apt to be mistaken for chloasma, and it is uncommon to find this condition on the forearm and wrist, as in a recent case.

NEUROTIC EXCORIATIONS

Neurotic excoriations are generally seen on areas of the body easily reached by the hands, more particularly the face. We have encountered one case in which, in addition to lesions on the face and nose, there were large punched-out ulcerations of the gums and buccal mucosa. This occurred in an edentulous person.

PSORIASIS

In psoriasis the palms and soles are rarely affected. Most cases so diagnosed are proved eventually to be due to syphilis, occupational irritants, or eczema. It is possible for psoriasis to involve the palms and soles, as shown in Figures 3 and 4. The lesions are dry, erythematous, scaly patches, and occasionally have a verrucous aspect. Psoriatic patches on the mucous membranes do occur. In one case which we have seen, the patch simulated leukoplakia, but the intensity of the condition fluctuated with the severity of the psoriasis.

It would probably be best to avoid entirely such a controversial subject as pustular psoriasis. We had a case two years ago of a severe pustular eruption which occurred in a woman who had had a definite psoriasis for about fifteen years. The pustular aspect of the condition began during pregnancy and cleared following delivery. Whether this should be regarded as an impetigo herpetiformis, or a pustular psoriasis, is perhaps an open question.

LICHEN PLANUS

Lichen planus rarely involves the palms, and yet in a case recently seen there were numerous

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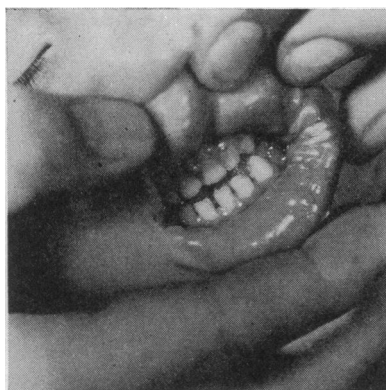


Fig. 1.—Verruca vulgaris involving mucous membranes of the mouth.

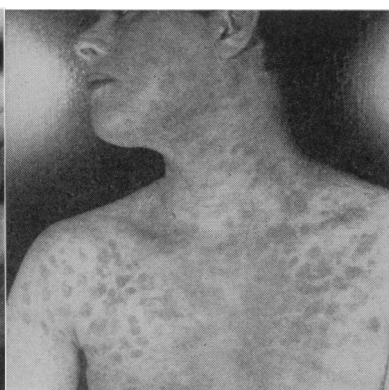


Fig. 2.—Pityriasis rosea with extensive involvement of face.



Fig. 3.—Psoriasis involving palms—an unusual location. (Same patient as Fig. 4.)

small papules present on the palms. Nail changes are certainly not typical of lichen planus, but we recently saw a case where there was scaling of the cuticle with a purplish discoloration of the nail. Both of the cases were accompanied by a marked generalized and acute eruption.

LUPUS ERYTHEMATOSUS

The common types of lupus erythematosus are too well known to require comment. There is, however, a telangiectatic type which is rarely diagnosed. Such an instance was presented in a recent case.

PEMPHIGUS

Pemphigus does occasionally occur in an isolated area, particularly on mucous membranes before becoming generalized. But a distinctly rare condition is presented by cases of pemphigus of the conjunctiva. This is also known as essential shrinkage of the conjunctiva.

SYPHILIS

Syphilis is, of course, the great imitator, and it is not in the province of this paper to more than merely mention some of its eccentricities. The occurrence of psoriasiform syphilis or zosteriform

syphilis and its occasional tendency to mimic lupus erythematosus (Fig. 5) show clearly its ability to imitate many common skin conditions.

HERPES ZOSTER

The ordinary case of herpes zoster is familiar to all, but rarely this condition involves the mucous membranes of the mouth; and in one case, seen two years ago, there were lesions on the hard palate and an associated seventh nerve palsy.

Angiomas are not rare in children, and their location about the genitals is quite common. Yet we believe that involvement of the glans and shaft of the penis by such a nevoid process is rather unique.

CONTACT DERMATITIS

One could write a book on the unusual manifestations of contact dermatitis. The so-called "toilet seat" dermatitis and "match box" dermatitis, are not uncommonly seen. The face and hands, however, are the areas usually involved. It is interesting to cite a case in which, after a prolonged search, it was definitely shown that the eruption on the face was due to resin, with which the patient came in contact by two separate ways: first, through the use of resin on her violin bow,



Fig. 4.—Psoriasis involving the soles—an unusual location. (Same patient as Fig. 3.)



Fig. 5.—Syphilis resembling lupus erythematosus.

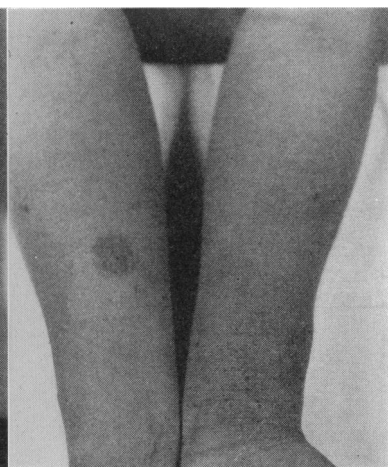


Fig. 6.—Nickel dermatitis from white gold wrist watch and positive patch test to a nickel chain on the right forearm.

and secondly through the use of resin on the dance floor, the patient being both a toe dancer and a violinist. A case of nickel dermatitis due to a wrist watch is shown in Fig. 6, with a positive patch test to a nickel coin showing on the right forearm.

ACNE

Acne, at the age of puberty, might be termed a physiologic process due to its frequency; yet infantile acne, although rare, does occur. Acne in middle age is also uncommon, excepting, of course, acne rosacea; yet we recently met with a case of acne which appeared following an exfoliating dermatitis due to arsenic. This patient had not previously been subject to acne.

SCABIES

Scabies is certainly one of our most common dermatological conditions which, however, at times may manifest itself in uncommon ways. All dermatologists are acquainted with those cases which present only an occasional burrow or papulo-vesicle, and whose chief manifestation is one that is generally and mistakenly called urticaria or hives. The persistent nodules which occur as infrequent sequelae to scabies are often overlooked or mistakenly diagnosed. These persistent nodules of scabies are probably what is termed, by the French, post scabetic keloids, which they resemble both in appearance and resistance to treatment. We have one case of arsenical dermatitis, which occurred in a luetic patient who developed scabies while receiving neoarsphenamin. The arsenical dermatitis apparently started following the use of sulphur ointment.

IN CONCLUSION

We have attempted to enumerate and briefly discuss some of the rarer types of eruptions which occur either independently of, or in conjunction with, some of the more common skin diseases.

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DISCUSSION

JOHN M. GRAVES, M. D. (909 Hyde Street, San Francisco).—There are two conditions mentioned by Doctor Anderson that I believe may be emphasized.

The treatment of tinea capitis was very unsatisfactory until the advent of the x-ray. The application of this method, of course, cures the vast majority of cases. Thallium acetate has been used for depilation, but it is too toxic for general use. As depilation is not always complete, this method too often fails to cure.

In recent years, local treatment has been used on the Pacific Coast with very satisfactory results. Doctor Kingery of Portland was the first, I believe, to revive this simple method. He recommends a combination of oil of cinnamon and thymol. Most patients are well within a period of from three or four months. This has been tried in other parts of the country with unsatisfactory results; but there is no apparent reason for this discrepancy.

One must distinguish carefully between uncured scabies and postscabetic nodules. The latter are possibly due to trauma induced by scratching. Fortunately, this is not a common aftermath of scabies. Measures to control the pruritus would seem to be indicated. If this be successful, the results are usually satisfactory.

ERNEST D. CHIPMAN, M. D. (2000 Van Ness Avenue, San Francisco).—The paper under discussion is of value for what it suggests, as well as for what it states.

The concomitance of lesions of different types, some of which may be merely coincidental, and some simply consecutive, gives to the analysis of eruptive elements a constant source of interest.

The fact that an individual has any certain dermatosis does not, of course, signify that immunity to other skin affections is thereby bestowed; if anything, the reverse is the more probable. And while the coincidence of non-related lesions often is noted, there frequently appear lesions which are definitely sequential; for example, the impetiginization of a simple dermatitis, the lichenification of any pruritic affection, etc.

A strikingly large number of dermatoses met with in practice are not textbook types. There are abortive, complex, and atypical forms. For this reason the examination of the entire surface is demanded. The obligation to avoid, as far as possible, all inferential diagnosis is also imposed upon us.

It is impossible to comment upon all the diseases mentioned in this paper; two will suffice.

Recently I have seen a giant herald patch which preceded a typical eruption of pityriasis rosea by approximately two months. Had I seen this lesion before the development of the general eruption, the diagnosis would have been most difficult. Since that experience, I have seen multiple (four) giant herald patches, accompanied by only faint generalized lesions. In each of these cases recovery was readily effected by the use of ultraviolet rays.

Concerning acne I believe we should differentiate sharply between the juvenile and the adult types. In the former, diet is of slight importance; in the latter, it may be paramount.

In some young adults, of course, the lesions represent the residue of a juvenile affection; but in the middle-aged subjects we must consider drugs, the general state of health and even the allergic response to certain foods, as well as diet in general.

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JOHN L. FANNING, M. D. (Medico-Dental Building, Sacramento).—Doctors Anderson and Ayres are timely in describing some of the pitfalls of the common dermatoses. Variants from the ordinary and usual are often deceiving, at the same time interesting and instructive, and force us to continuous alertness. We recently have seen eight cases of papular pityriasis rosea at the Sacramento County Hospital Clinic, all with a severe pruritus; and the next case of an apparently typical macular type later proved to be a "phytid" eruption, a complication of an acute fungus infection on the feet.

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DOCTOR AYRES (Closing).—We wish to thank the discussants for their remarks. In this paper we have attempted to present some of the curiosities which the dermatologist occasionally encounters among the common skin disorders.

Although our paper did not concern itself primarily with therapy, I would say, in answer to Doctor Graves's comments on the treatment of scalp ringworm, that we have not found it necessary to resort to x-ray or thallium epilation. We do insist, however, on treatment of the entire scalp after a preliminary shaving, and we remove by forceps the infected hairs, instructing the parents in the technique. Our local treatment has consisted in alternating between Whitfield's ointment, tincture of iodine, Castellani's carbol fuchsin dye and 10 per cent ammoniated mercury ointment; bearing in mind the possibility of a severe dermatitis if the iodine and ammoniated mercury are used consecutively.

We make a definite distinction between uncured scabies and postscabetic persistent nodules. In a previous communication we reported a failure to find any evidence of *acarus scabei* or ova in excised nodules,

serially sectioned. In the cases which we reported, continued antiscabetic treatment aggravated the nodules; they were finally cured either by fractional x-ray therapy or by electrodesiccation.

As pointed out by Doctor Chipman, pityriasis rosea may exhibit very unusual manifestations. Occasionally pityriasis rosea may be imitated by an arsenical dermatitis, or by a generalized phytid eruption as noted by Doctor Fanning. I agree with what Doctor Chipman says regarding the relatively slight influence of diet in adolescent acne vulgaris. While it is true that the most rigid and restricted diet may fail to improve a case of acne, I believe, however, that excessive indulgence in candy, sweet drinks, etc., may aggravate the eruption. Certain adult types of acneiform eruptions, or what might be called acne urticatus, are undoubtedly due to food idiosyncrasies of an allergic nature. We have seen several such patients who were relieved by the avoidance of certain specific foods to which they were sensitive, after prolonged x-ray therapy had failed. Cleveland White of Chicago has also recently commented on this condition.

"HEALTH INSURANCE"—PRO AND CON*

BEING SPEECHES MADE AT THE SPECIAL SESSION OF THE
HOUSE OF DELEGATES OF THE CALIFORNIA MEDICAL
ASSOCIATION AT LOS ANGELES, MARCH 2-3, 1935

Remarks by Rodney A. Yoell, M.D.,
San Francisco

SPEECH NO. I

Mr. Chairman and Members of the House of Delegates:

I think, without indulging in the usual parliamentary preliminaries that tend to confuse, and without resorting to some of the arts and devices of those that do, I will proceed directly to the subject by discussing the fundamental issues. I think we can safely say that the reason that we delegates of the medical profession in California are here assembled in this city today is to decide the question of social health insurance, and to discuss the care of the indigent as it may bear a relationship to certain aspects of the problem.

I am very pleased, if I may put the personal equation into the situation, to find that there will be opportunity for an informal and frank discussion of the issues, so that when we subsequently meet we will have gone over a lot of the ground and have covered a lot of material, and will be in a far better position to evaluate the recommendations of the committees on any given motion, and finally be in a far more able position to discern the fundamental issues that have been called up here today, and to decide how those issues should be passed upon.

Now, I am going to ask you, for the time being, to forget that you are delegates, but remember that you are citizens and remember that you are physicians. I am going to ask you, for the time being, to lay aside any preconceived notion that you have on the general subject of social health insurance, and sit here with an open and plastic mind and let me submit to you, word by word and line by line, certain thoughts which I feel will convince you that the medical profession has, within today and tomorrow, to take a definite and unequivocal stand in order to do its full duty to the people, and in order to protect its own independence in the future.

I want, first, to call your attention to the genesis of this problem. Anyone who is at all cognizant with the current social philosophy knows that discussion of this phase of the general problem long antedates the present depression. We know that in this State in 1917, some of these very issues were put on the ballot for initiative decision. We know that before the Great War, and since that war, there has been an ever increasing and ever growing and swelling tide of literature not only in the lay, but professional journals, and in sociological works—an ever growing, ever

increasing volume of literature in the newspapers and in other publications, all of which point to the fact that the public is certainly conscious of an existing medico-economic situation which demands relief.

Now, I submit to you that, in a country such as this, with an electorate that has freedom of access to the polls so that it may express its every wish when the public and the people comprising that electorate make up their minds to decide an issue, they go to the polls and decide that issue, and from then on that decision, once given, becomes the expressed social wish, and it becomes the law.

Again, I submit that it is imperative, in discussing this problem, to make two diagnoses—the one a social diagnosis, and the other a political diagnosis. The social diagnosis is this: that all trustworthy surveys and studies, including the survey and study made by your own Committee of Five, have proved beyond the peradventure of a doubt that almost 80 per cent of the people of this State have family incomes of \$2,000 a year and less, and that 55 per cent of those people have incomes of \$1,200 a year and less. It has also been proved beyond any question that all standard prices, particularly in the commodity market, and at a subsistence level which is necessary for a man to support his wife and his average family of two children, must range well above \$1,452 up to \$1,554 in yearly income. Those figures are the figures of January for this year, based on a study incident to wage arbitration. However, as far back as 1928 Mangold of the University of Southern California made a survey during the peak of the boom, and his figures coincide closely with the figures obtained in the recent study. Now, the point is this: You know and I know that it is absolutely impossible for a family with an income which is just within a few dollars above or below the subsistence level to face a major illness and secure proper health protection without skirting the edge of bankruptcy; that whatever small interests they may have in life, that whatever small equities they have, with the cost essential to an American standard of living, when faced with a major illness they almost immediately become candidates for indigency, and are either forced to put themselves into debt, with the result that they do not get the necessary service or the physician is unpaid for rendering the service, and the hospital is unpaid, and the individual is forced to declass himself, to step out of the self-sustaining bracket and to go into the bracket of the semi-indigent, burdened with debt.

These are the essential facts of this problem. We know that on an individual basis it is absolutely impossible for the average family individually to finance the cost of a major illness; but it is possible, by a coöperative effort, to provide adequate medical care and to protect themselves. The people being conscious of the fact that they cannot accomplish this thing individually, but that they can accomplish it by coöperation, are demanding the right to the coöperative purchase of health protection. What a man cannot do on an individual basis, but can do on a collective basis, if socially necessary, he will do. It is absolutely basic economics that to protect the welfare and livelihood of his family he will use collective action.

There is a parallel to be drawn here from history. I wish to call to the minds of some of you the not too famous name of Tolpuddle. This was the little British village in the middle of England in which the first labor union, in the early part of the nineteenth century, was formed. . . .

Now, we have here today in California an exactly similar situation, an absolute parallel. We have abundant proof that the people of California are demanding the right to the coöperative purchase of health protection, and we have abundant evidence that they are going to have laws passed that will permit them to exercise that right.

In the face of the exercise of that right, the medical profession can do either one of two things. It can either oppose and seek to block the exercise of that right, which would be a gesture of sheer futility, or it can see that, in the exercise of that right, no ex-

* See also editorial comment, on page 473.